



Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)	SOCIAL SECURITY NO.	VA FILE NO.
Hester MILLER	428-66-9807	20 477 331
		C/CSS -

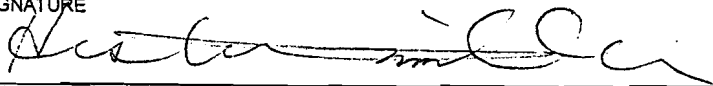
The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I wish to file for Service Connection Under US Code 1151 for the Residuals of Multiple Botch surgeries which have left me unemployable and disable from day one to present. Suffering with pain and depression and numerous Gastrointestinal Botch surgeries, that have left me with without Gallbladder, and a stomach full of wires that cannot be removed. I cannot enjoy a normal meal, I must eat a resticted diet and take B-12 shot for vitamins. The botch surgeries had left me literally regurgitating biles, and to remove the sludge (Biles). causing infections. I have suffer with this condition since 1960. My last surgery was in December of 2004 to stop the regurgitating of Biles and to correct the error of pass surgeries.

Please be advised, my last doctor made a statement of me being shot, is the cause for my surgery. I wish to make a statment and saying that I have never been shot.

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE 	DATE SIGNED February 8, 2005	
ADDRESS 551 N. 18th. St. East St. Louis IL 62207	TELEPHONE NUMBERS (Include Area Code)	
	DAYTIME 618	EVENING 618-482-2051

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

Exhibit A